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CONFIRMATION NO. 2302

SERIAL NUMBER 10/761,804	FILING OR 371(c) DATE 01/21/2004 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. U 015000-9
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**** CONTINUING DATA *******

This application is a CON of 10/435,617 05/09/2003 ABN *QM*

**** FOREIGN APPLICATIONS *******

None QM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 0	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Prasen M</i> Examiner's Signature	<i>QM</i> Initials			

ADDRESS

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TITLE

Anti-dermatophytic preparation and use thereof

FILING FEE RECEIVED 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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